

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90113 030 \*\*\*150.00  
08-17-1999 90006 018 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000041626**

1. Corporation Name

**KAM TAI INC.**

Principal Place of Business

**526 EAST PARK AVE  
TALLAHASSEE FL 32301**

Mailing Address

**526 EAST PARK AVE  
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/07/1998**

4. FEI Number

**13-4010884**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

**21 30951 SW212 AVENUE**

**26 40 ELIZABETH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

City & State

**27 SUITE 302**

City & State

**23 HOMESTEAD, FLORIDA**

**28 BROOKLYN, NEW YORK**

Zip

Country

Zip

Country

**24 33030**

**25 U.S.A.**

**29 10013**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVE  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE

NAME **THAY CHHOY CHAU**

STREET ADDRESS **30951 SW212 AVENUE**

CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **VICE PRESIDENT** ☐ DELETE

NAME **LI CHHANG CHAU**

STREET ADDRESS **84-14 60 ROAD**

CITY-ST-ZIP **ELMHURST, NY 11373**

TITLE **SECRETARY** ☐ DELETE

NAME **ANDREW CHAU**

STREET ADDRESS **30951 SW212 AVENUE**

CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** **SIGNATURE REQUIRED**

**AUG 04 1999**

Date

Daytime Phone #

CR2E034 (5/99)

0007225